



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION

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APPLICATION FOR A LIMITED QUANTITY HAULING EXEMPTION FOR MEDICAL WASTE

The County of San Diego, Department of Environmental Health (DEH), Hazardous Materials Division (HMD) is the local Certified Unified Program Agency (CUPA). The HMD, as the CUPA, is responsible for implementing and enforcing the California Medical Waste Management Act. The CUPA may grant a Limited Quantity Hauling Exemption (LQHE) for the transportation of small amounts of medical waste. Requests for an exemption must be submitted in writing to this Department by using the attached form. A copy of the approved LQHE must be maintained at the waste generating facility and available for review during all compliance inspections.

Do not enclose a fee with applications for LQHE. Fees will be included in the billing statement for your Unified Program Facility Permit. Renewal of your permit satisfies the annual renewal requirement for your LQHE. Applications must be updated when significant changes occur (change in the number or name of employees transporting the waste, change of ownership, change of address or change in the consolidating facility).

The application shall identify each person who will transport medical waste for the generator. The fee is dependent upon the number of employees transporting medical waste.

<u>Number of Employees</u>	<u>Fee Amount</u>
1-4	\$ 25
5	\$ 30
6	\$ 35
7	\$40
8	\$45
9+	\$50

"Environmental and public health through leadership, partnership and science"

LIMITED QUANTITY HAULING EXEMPTION

A Limited Quantity Hauling Exemption request will be considered only under the following conditions:

1. The generating facility has a valid Unified Program Facility Permit from the HMD.
2. The generating facility has either a Medical Waste Management Plan or equivalent documentation on file at the generator's office.
3. The generating facility or health care professional generates **less than 20 pounds of medical waste per week and transports less than 20 pounds of medical waste at any one time.**
4. Medical waste must be transported in properly labeled, fully enclosed, rigid and leak resistant containers.
5. The medical waste is transported to a permitted medical waste treatment facility, a parent organization, or another health care facility for the purpose of consolidation before treatment and disposal. These facilities must also have a valid Unified Program Facility Permit from the HMD.

Upon approval of the Limited Quantity Hauling Exemption, the person transporting the medical waste will be required to:

- Maintain a tracking document in their possession while transporting the medical waste.
- Provide the facility receiving the medical waste with the original tracking document.
- The generator must maintain a signed copy of tracking document at the generator's office.
- Tracking documents must be maintained on-site for a minimum of three years.
- The tracking document must include all of the following:
 1. The name, address and telephone number of the generator.
 2. The name of the person transporting the waste. This person must also be named on the LQHE.
 3. The type and quantity of the medical waste transported.
 4. The date that the medical waste was collected and removed from the generator's facility.
 5. The name, address, telephone number, and signature of an authorized representative of the facility receiving the waste.

Note: Two sample tracking documents are attached.

The decision to grant a Limited Quantity Hauling Exemption is based upon evaluation of the information submitted. The exemption is only valid for the original conditions of approval. An updated application must be submitted to HMD if you plan to change these conditions. This exemption may be revoked due to non-compliance with the Medical Waste Management Act or changes to the original conditions of approval without HMD's approval.

REQUEST FOR LIMITED QUANTITY HAULING EXEMPTION FOR MEDICAL WASTE

Office Use Only

Permit #: _____

Persons transporting waste _____

Processed in KIVA on: ____/____/____

By: _____

Name of establishment where waste is generated*: _____

Address: _____

Phone Number: (____) _____ Contact Person: _____

* For home health care providers, list the name of the consolidating facility here.

MEDICAL WASTE INFORMATION

1 Description of medical waste to be transported. Check all that apply:

- ☐ Sharps ☐ Culture plates ☐ Blood tubing ☐ Dressings ☐ Tissue waste
☐ Other _____

2 Quantity of Medical Waste generated weekly: _____ lbs.

TRANSPORTATION INFORMATION

3 Quantity of Medical Waste transported at any one time: _____ lbs.

4 Address where medical waste is transported to:

Street Number

Street Name

City

Zip Code

5 Unified Program Facility Permit number where medical waste is transported to: _____

6 Is Medical Waste Mgmt. Plan or equivalent documentation available on file in the generator's office? ☐ Yes ☐ No

7 List each employee who will be transporting the medical waste:

(Attach a separate sheet with additional names if necessary)

CERTIFICATION

I am aware that I must maintain a properly completed entry log when transporting medical waste for treatment or disposal. I am requesting a Limited Quantity Hauling Exemption to transport medical waste. All medical waste will be handled and disposed of as required in the Medical Waste Management Act. **NOTE: Fee is no longer required with this application. Fees will be added to your Unified Program Facility Permit billing/renewal invoice.**

PRINT NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: ____/____/____

☐ GRANTED

☐ DENIED

This exemption may be revoked based upon changes to the original conditions of approval, or for noncompliance with the Medical Waste Management Act. If you have any questions, please contact the Hazardous Materials Division at (619) 338-2222.

Environmental Health Specialist

_____/_____/_____
Date

MEDICAL WASTE TRACKING DOCUMENT/LOG SHEET

OPTION 1

This tracking document to be used by the generator or health care professional who generates the medical waste and transports the medical waste himself or herself, or directs a member of his or her staff to transport the medical waste to a permitted medical waste treatment facility, a transfer station, a parent organizations, or another permitted health care facility for the purpose of consolidation before treatment or disposal.

GENERATOR INFORMATION

NAME: _____ PERMIT # _____

ADDRESS: _____

Street Number

Street Name

City

Zip Code

PHONE #: (____) _____

DATE: ____/____/____

TRANSPORTER INFORMATION

NAME*: _____

*This name must be listed on the limited quantity hauling exemption.

ADDRESS: _____

PHONE #: (____) _____

MEDICAL WASTE INFORMATION

NUMBER OF CONTAINERS AND TYPE OF MEDICAL WASTE TRANSPORTED

(Examples: sharps; culture plates; blood tubing; dressings; tissue waste)

ESTIMATED QUANTITY OF MEDICAL WASTE TRANSPORTED

(Total must be less than 20 lbs.)

	NUMBER OF CONTAINERS	TYPE OF MEDICAL WASTE	WEIGHT IN POUNDS
1.			
2.			
3.			
4.			
5.			

RECEIVING FACILITY INFORMATION

NAME: _____ PERMIT # _____

ADDRESS: _____

PHONE #: (____) _____

DATE: ____/____/____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

MEDICAL WASTE TRACKING DOCUMENT/LOG SHEET

OPTION 2

This tracking document to be used by home health care agencies, private practices, or other professional health care facilities with a LQHE approved by the Hazardous Materials Division (HMD). No more than 20 lbs. of medical waste may be transported at any time, and **only** by staff whose names were submitted along with the LQHE application. Completed log sheets must be kept on-site for at least three years along with tracking documents from the registered medical waste transporter.

GENERATOR INFORMATION

NAME OF HEALTH CARE AGENCY/PRIVATE PRACTICE: _____

PERMIT #: _____

ADDRESS: _____
Street Number Street Name City Zip Code

PHONE #: (____) _____

DATE: ____/____/____

MEDICAL WASTE INFORMATION

NUMBER OF CONTAINERS*	TYPE OF MEDICAL WASTE TRANSPORTED	MEDICAL WASTE TRANSPORTER'S NAME	DATE MEDICAL WASTE CONTAINER WAS SIGNED OUT	DATE CONTAINER WAS RETURNED FOR DISPOSAL
			____/____/____	____/____/____
			____/____/____	____/____/____
			____/____/____	____/____/____
			____/____/____	____/____/____
			____/____/____	____/____/____
			____/____/____	____/____/____
			____/____/____	____/____/____
			____/____/____	____/____/____
			____/____/____	____/____/____
			____/____/____	____/____/____
			____/____/____	____/____/____
			____/____/____	____/____/____

*Enter one medical waste container per line.